

DOCUMENT REQUEST ORDER FORM	Esquire Assist, Ltd. 300 N. 2 nd St., Suite 630 Harrisburg, PA 17101	DOCUMENT REQUEST ORDER FORM
Phone: 717-232-9398 assist@esquireassist.com		Fax: 717-232-6248 www.esquireassist.com
MY NAME:		DATE:
MY COMPANY / FIRM:		
MY ADDRESS:		
MY PHONE:	MY FAX:	
MY EMAIL ADDRESS:		
MY FILE # >>>>>>		
<i>Please search the following ENTITY / INDIVIDUAL:</i>		
<i>WE NEED THE FOLLOWING.....(if possible) by:</i> / /		

Document Type	Quantity	If not PA, provide State documents are needed from
Good Standing Certificate		
Lien Certificate (PA Dept. of Revenue)		
Uncertified Copies (Charter Documents)		
Certified Charter Docs & Amendments		
Apostille (Originally notarized document(s) required)		
Miscellaneous		

<i>Comments:</i>

Method of Return	
Ship to: <input type="checkbox"/> Me <input type="checkbox"/> Third Party	Via: <input type="checkbox"/> fax <input type="checkbox"/> email <input type="checkbox"/> mail <input type="checkbox"/> fedex <input type="checkbox"/> UPS (Please supply account number) Third Party Address:
Method of Payment	
<input type="checkbox"/> BILL ME (Existing Accounts Only) <input type="checkbox"/> Check Attached <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
<i>Credit Card Info: Please call our office with, or fax your credit card info to us.</i>	

